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ABSTRACT

The role of the nurse educator in curriculum design in the future is considered. Changing technology, shifts in patient care agencies, legislation and long-term care specialties in nursing are all factors that will have a significant impact on curricula. Plans for managing and utilizing various teaching methodologies will be an important role for the nurse educator. The following roles are discussed and the literature reviewed: leadership, goal-setting, motivation, perception, communication, power and political involvement, learning styles, teaching methodologies, and research. An outline of the paper is attached. 56 references. (KM)

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Curriculum Design: Nurse Educator's
Role in Managing and Utilizing
Various Teaching Methodologies

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**Curriculum Design: Nurse Educator's Role in Managing and
Utilizing Various Teaching Methodologies**

Current trends in nursing education recognize that nurse educators should have the knowledge and skills related to the nurse educator role as well as advanced nursing knowledge and skills (National League for Nursing, 1979). A role has been said to be "the pattern of actions expected of a person in activities involving others" and "role reflects a person's position in the social system, with its accompanying rights and obligations, power and responsibility" (Davis & Newstrom, 1985, p. 53). In addition, the term curriculum, as stated by Armour (cited in Roberts & Roberts, 1987) "refers to the body of courses offered by an educational institution". . . and that many times "teachers involved in curriculum have the feeling of running around and around a race track but never getting anywhere" (p. 2).

The authors also reported that a student in a doctoral-level seminar was depressed and stated, "Today, we have more sophisticated technology and better research technique". . . and "we can't even define what we mean by curriculum, and we are torn by conflicting concepts of what we should do and how we should do it" (p. 2).

However, components of Newman's Health Systems Model: A Total Approach to Patients' Problems (Riehl & Roy, 1974) may be utilized by the nurse educator to maximize interventions toward

strengthening and achieving successful results through incorporation of various teaching methodologies in the curriculum. As the debate continues on the three sides of the curriculum triangle: (a) the nature and needs of society, (b) the nature and needs of the student, and (c) the nature of the body of the knowledge, a balance needs to be achieved in planning curriculum. Thus, the role of the nurse educator in curriculum design will be highly significant in the health care delivery system during the years 2000-2100. Well conceived plans for managing and utilizing various teaching methodologies throughout the curriculum will be of utmost importance and a major role for the nurse educator. Changing technology, shifts in patient care agencies, legislation, and long-term care specialties in nursing are all factors which will have a tremendous impact on curricula.

Curriculum design implies the nurse educator must make plans well in advance, much as we do when we try to shoot moving ducks in a shooting gallery. "We have to aim where the duck will be when the bullet arrives, not where it was when the shot was fired" (Roberts & Roberts, p. 4).

Rogers (1970) reported that "The purpose of professional education is to provide the knowledge and tools whereby an individual may become an artist in his field" (p. 88). The problem appears to be "to describe the art sufficiently to define the knowledge and tools necessary to achieve it without imposing constraints which would restrict the creativity from which new art

is born" and "the preparation of the professional must go beyond the teaching of skills and educate in a much broader sense to encourage development of the art of nursing" (Butterfield, 1985, p. 99).

In order to accomplish this task the nurse educator must continue to be aware of multiple factors affecting what to teach and how to teach it. The accelerated technological changes occurring today as well as an increasing demand for different kinds of service will have an impact on curriculum design in the future.

Change is inevitable if any organization is to survive in a world of developing technology and new consumer and other demands. Maintaining status quo is likely to stifle success, so managers at all levels must develop skills in changing procedures, methods, and machinery as well as people. When planning and making changes in any nursing curriculum several major factors are: (a) determining what should be changed, (b) what type of change needs to be made, (c) how change will affect students and (d) who will be the change agent (Stanislao & Stanislao, 1985). Therefore, the nurse educator will be faced with a challenge: launching a strategic plan for delivery of nursing course content through various teaching methodologies.

This plan should be considered as a road map and the journey includes hills and curves that must be regarded as expected duties and responsibilities or roles of the nurse educator. These roles which are non-exhaustive and briefly explored should not only

include dimensions of developing objectives and evaluations of student performance but should also encompass a:

1. Leadership Role
2. Goal Setting Role
3. Motivational Role
4. Perception Role
5. Communication Role
6. Power and Political Role
7. Learning Styles Role
8. Teaching Methodologies Role
9. Research Role

Leadership Role

"The leader role is clearly among the most significant of all roles" (Mintzberg, 1980, p. 61) and as Owens (1973) stated years ago, "leadership is still an art despite efforts of social science researchers to make it a science (p. 19). Therefore, the nurse educator must determine his/her basic leadership style in order to plan, develop and manage appropriate learning activities to include in the nursing curricula. "Leadership is an important part of management but not all of it" (Davis & Newstrom, 1985, p. 158). Managers are required to plan and organize for example, but the primary role of a leader is to influence others to seek defined objectives enthusiastically. It is possible for a nurse educator to be a strong leader and a weak manager if his/her poor planning causes a group to move in wrong directions. The leader may get a

group going but cannot get it going in the directions that serve the curricula objectives. In addition, a nurse educator can be a weak leader and still be a relatively effective manager, especially, if one happens to manage students who understand what they are supposed to do and have strong desires to accomplish their objectives. This is unlikely; therefore, colleges of nursing expect the nurse educator to be an excellent manager and have reasonably high leadership ability.

Formerly, it was thought that personal traits were the major source of successful leadership (Goode, 1951 & Stogdill, 1948) but more recent emphasis is on identifying leadership behaviors. For example, successful leadership depends on appropriate behaviors, skills, and actions, not personal traits, even though they contribute.

Three types of skills (a) technical, (b) human, and (c) conceptual are used by leaders (Katz, 1951). The nurse educator must constantly keep abreast of (a) technical skills, which refers to a person's knowledge and ability in any type of process or technique; (b) human skills, the ability to work effectively with people and to build teamwork; and (c) conceptual skills, the ability to think in terms of models, frameworks, and broad relationships, such as long-range plans. The conceptual skills deals with ideas, while human skills are concerned with people, and technical skills involve things. The successful leader

must be able to use these skills at the appropriate time as well as have an understanding of his/her personal leadership style.

An analysis of leadership style reveals the ways in which the nurse educator uses power. Each style whether it is autocratic, participative (democratic), or free-rein has its benefits and limitations. All three styles may be used over time. However, one style tends to dominate (Figure 1).

Use of consideration and structure. Two other leadership styles, consideration and structure should be analyzed by the nurse educator when teaching students as well as in working with colleagues. Walters, Wilmoth, and Pitts (1987) found that nursing students enrolled in a management course exhibited specific patterns of leadership different from other populations on consideration and structure. The authors recommended further research be conducted with nursing students as well as other health care personnel because there is consistent evidence that leaders secure somewhat higher performance and job satisfaction if high consideration is their dominate style. Considerate leaders are concerned with human needs, teamwork, and problems, where as, structured leaders believe that they get results by keeping people busy and urging them to produce (Fleishman, 1962). It appears that the most successful managers are those who combine relatively high consideration and structure with somewhat more emphasis to consideration. Once the nurse educator realizes his/her style of leadership, change can occur, if necessary.

Leadership Styles		
Autocratic ¹	Democratic ²	Free-Rein ³
Nurse Educator Students	Nurse Educator Students	Nurse Educator Students
Nurse Educator	Both	Students
Emphasis		

Figure 1. Leadership Styles. The leadership style which dominates in each category is illustrated.

- ¹Autocratic leader -- Centralized power and decision making by self
- ²Democratic leader -- Decentralized authority; consultation and participation by followers
- ³Free-rein leader -- Avoids power and responsibility; depends upon group to establish goals and solve problems

Goal Setting

The nurse educator must be more cognizant of goal setting for planning curriculum content and while utilizing various teaching methodologies. Goal setting is the establishment of targets and objectives for successful performance, both of which are long and

short term. In addition, goal setting provides a measure of how well individuals and groups are meeting performance standards during a specific course or a series of courses. The nurse educator's leadership process in goal setting is shown in Figure 2.

Nurse Educator's Leadership Process in Goal Setting

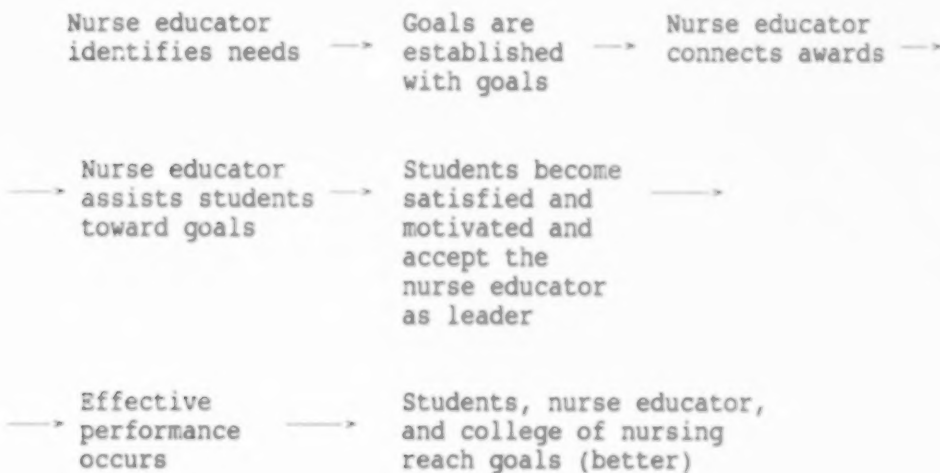


Figure 2. Nurse-Educator's Leadership Process in Goal Setting. Appropriate steps in leadership are shown which provide a means for achieving goals.

Motivational Role

Stronger motivational patterns must be evidenced by nurse educators. These patterns are the attitudes that affect the way nurse educators view their jobs and approach their lives. Davis and Newstrom (1985) reported that a person "tends to develop certain motivational patterns as a product of the cultural environment in which that person lives" (p. 90). Much of the

interest in four significant patterns of motivation was generated by the research of McClelland and Boyatzis (1982) of Howard University. These patterns cited in Davis and Newstrom include:

1. Achievement - A drive to overcome challenges, advance, and grow.
2. Affiliation - A drive to relate to people effectively.
3. Competence - A drive to do high-quality work.
4. Power - A drive to influence people and situations (p. 90).

Perception Role

In managing and utilizing various teaching methodologies the nurse educator must be constantly aware of how she/he perceive responsibilities. People perceive their environment in an organized framework that has been built out of their own experiences and values. Usually, their own problems, interests, and backgrounds control perception of each situation. Since perceptions are strongly influenced by personal values, the nurse educator must be on the alert and not react or behave according to facts seen only by him/her, and disregard how others view the situation. People can be motivated in terms of their needs and not always the needs of the nurse educator. In teaching, nurse educators must accept students "as the emotional beings they are and motivate them in their individual ways" (Davis & Newstrom, 1985, p. 96).

Communication Role

Since communication is the way of reaching others with ideas, facts, thoughts, feelings, and values the nurse educator must place more emphasis on this role. Communication as defined in a special symposium on Application of Communication Theory to communication Practice ("Journal of Applied Communication Research," 1982), "is the transfer of information and understanding from one person to another" (p. 1). It may be referred to as a bridge of meaning between the nurse educator and the students as they can share what they know and feel. The bridge can be used to cross safely the river of misunderstanding that sometimes separates students from the nurse educator. The nurse educator manager may send many messages through written, oral, or body language, however, "communication is what the receiver understands, not what the sender says" (Davis & Newstrom, 1982, p. 425).

All management acts must be passed through what may be referred to as the bottleneck of communication as shown in Figure 3. A nurse educator manager may have the best plans in the world, but they are worthless unless they can be communicated.

The nurse educator as a manager and sender of information should desire that the students as receivers accept his/her communications in order for cooperation and motivation to be improved. The receiver steps in communications may be referred to as the 5 Rules of Communication (Figure 4).

 Communication

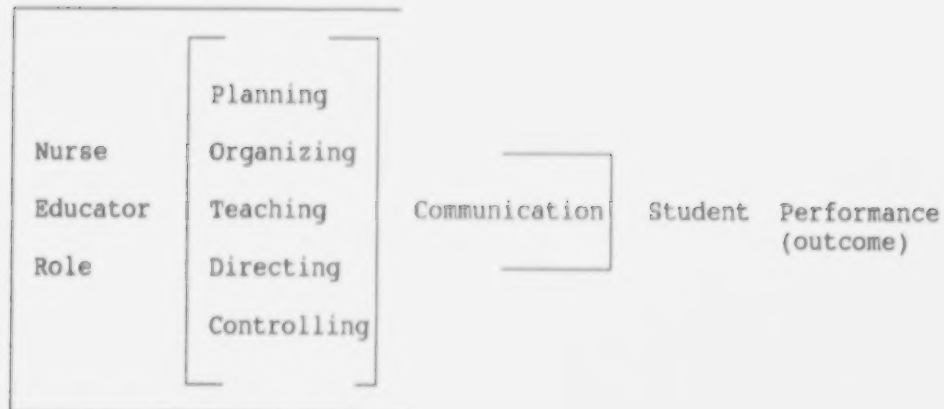


Figure 3. Management Acts Passing Through Bottleneck of Communication.

 Student
(Receivers)

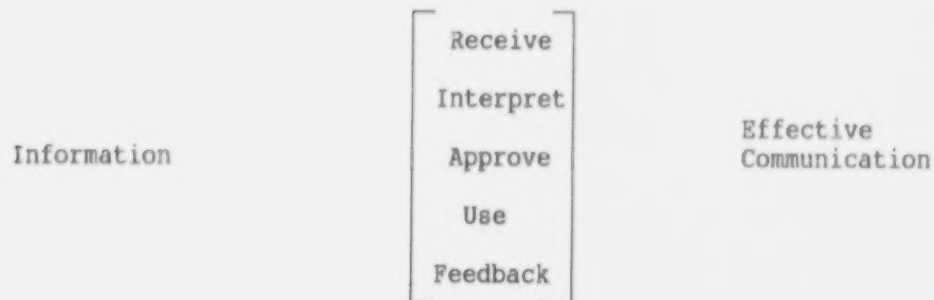


Figure 4. The 5 Rules for Effective Communications.

If the students (receivers) are able to receive, interpret, approve, use the information (accomplish assignments), and can provide feedback, then communications techniques have been achieved by the nurse educator.

Power and Political Role

The nurse educator must become more proficient in utilizing effective use of managerial power. An effective manager influences, and this influence over the attitudes and behavior of students as well as faculty colleagues is the essence of leadership. However, the way in which managers exert their power has not been subjected to much research. The literature is partially void, despite its obvious importance. However, Yukl and Taber (1985) reported that it is likely that effective leaders use five types of power sources:

1. Authority
2. Reward Power
3. Coercive Power
4. Expert Power
5. Referent Power

Leader effectiveness stems from knowing the appropriate type of power to use in a specific situation and when and how to exercise this power skillfully. In the process of achieving more power and exercising it, the nurse educator leader may be confronted with a greater potential for influencing others. Thus, this power may yield, more political involvement and many times,

political actions will yield desired outcomes and be worth the cost of actions. However, political behavior may be defined as those activities that are not required as part of one's role, but that influence, or attempt to influence, the distribution of advantages and disadvantages within. In one study, Farrell and Peterson (1985) revealed that those who perceive their efficacy (perceived ability to influence) to be low will engage in little political behavior and to attempt to explain effectiveness without incorporating political variables will guarantee no more than partial success in any organization. Thus, the nurse educator should be more involved in the arena of power and politics, whether it may be for a new nursing facility or for scholarships for student nurses. This involvement could influence the number of students in nursing programs and begin the cycle again of planning for teaching and making changes. The health profession must recognize that educators and their institutions, and the practitioners and their organizations must all work together to effect change. This change could result in a stronger power base which can assist the nurse educator to become a more successful teacher.

Assessment of Learning Styles Role

As reinforced by Ostmo, Van Hoozer, Scheffel, and Crowell (1984) one role of the nurse educator that has received less attention, needs more attention. That is, the factor which should affect the selection of learning strategies, particularly, the

factor of students' preferences for different types of strategies has not been addressed.

A successful nurse educator must recognize that "just as a supervisor can make or break a newcomer's job experiences, a trainer can make or break a new trainee's learning experiences" (Sanders & Yanouzas, 1985, p. 62). Thus, the nurse educator must become more aware of the knowledge and skills necessary to accurately assess students' learning style. Shea, Boryum, and Spanke (1985) indicated that "Just as there are many learning styles there are many teaching styles"... (p.iii), and that students learn best when the teacher's learning styles match theirs. Therefore, the learning style of each student should be assessed before attempting to instruct students effectively.

Methods of assessing styles. Learning styles can be assessed through the use of a questionnaire or direct interview, by asking each student how they like to study or work. One theorist, James Keefe, Director of Research for the National Association of Secondary School Principals (NASSP) states, "Learning Styles are cognitive, affective, and physiological traits that characterize how learners typically learn best" (Chiarelott & Davidman, 1983, p.3).

Nurse educator questions self. The nurse educator must ask him/her self, Am I a person who is able to concentrate while listening to a radio? Do I work better in the morning, mid-morning or night? Am I self-motivated to work or do I need someone to give

a "push"? While answering these questions the nurse educator is probing for his/her own characteristics for learning, or learning style. Thus, the nurse educator should assess his/her style of learning so that particular style will not be imposed on each student nurse.

Concepts of learning styles. "The concept of learning styles is relatively recent in origin and is perhaps among the most intriguing concepts introduced...." (Sproles, E. K., Cox & Sproles, G. B., 1987, p. 2). A number of approaches have been designed to measure learning styles of students (e.g., Dunn & Dunn, 1978; Kirby, 1979, Gregoric 1982; Kolb, 1976 and 1984).

Preferred modes of learning. Once preferred modes of learning, (both for nurse educator and students) are determined and profiled, groups of students having similar learning styles can be identified. Then teaching styles can be employed to match the particular learning styles preferred within each group. Similarly, this process can also be used to help teachers identify learning style deficiencies that some students might possess, such as a passing and struggling approach to learning. This enables the nurse educator to provide special attention to these students on an individual basis.

In one study, Sproles revealed a six factor model to determine learning styles characteristics:

Factor 1. Serious, Analytical Learner

Factor 2. Active, Practical Learner

Factor 3. Observation-Centered Learner

Factor 4. Concrete, Detail, Fact-Oriented Learner

Factor 5. Passive, Accepting Learner

Factor 6. Non-Adaptive, Struggling Learner

In another study, Ostmo et al. utilized baccalaureate nursing students beginning their first nursing course and senior nursing students in their last quarter to investigate learning styles. The study was designed to elicit information on their attitudes toward 28 different learning strategies by rating their preference for the strategies on a five-point scale. Results reported reflected median computations since the authors intent was to describe the strategies most preferred by a typical baccalaureate nursing student.

Both groups rated the following strategies as "usually" preferred; (a) lecture augmented with visual, (b) live demonstration, (c) course textbook, (d) required readings, (e) course syllabus, (f) films, and (g) case studies. Students who were nearing graduation always preferred clinical practicum experience. The seniors also rated as seldom preferred, learning strategies that included: (a) T.V., (b) lecture, (c) audio tapes, (d) audiovisual self instruction, (e) written programmed instruction, (f) independent study, (g) correspondence study (h) role playing, and computer assisted instruction.

The beginning nursing students were more positive toward a greater variety of strategies and no strategies were never

preferred and only one strategy, correspondence study, was seldom preferred. The authors concluded that nurse educators must consider learning styles of students as well as other factors.

Teaching Methodologies

In recent years an understanding of successful teaching has increased considerably. Numerous successful experimental studies have been conducted in which teachers have been trained to increase the academic achievement of students. These studies were conducted in regular classrooms involving one group of teachers who had received training in specific instructional procedures and one group continued their regular teaching. In the successful studies, the teachers implemented the training and their students had higher achievement and/or higher academic engaged time than did students in the classrooms of untrained teachers (Rosenshine & Stevens, 1986).

Thus, nurse educators must plan to spend a considerable amount of time in determining how best to deliver the content of the nursing curriculum to meet the needs of the students. Various teaching methodologies may be utilized in delivering instruction as shown in Figure 5.

Various Teaching Methodologies

1. Methods Through Which Students Learn Information
 - a. Lecture
 - b. Discussion
 - c. Audiovisual Programs
 - d. Guest Speakers
 - e. Programmed Instructional Materials
 - f. Directed Study Assignments
2. Methods Through Which Students Learn By Observation
 - a. Live Demonstrations
 - b. Audiovisual Demonstrations
 - c. Field Trips
 - d. Displays
 - e. Illustrations
3. Methods Which Facilitate Learning By Doing
 - a. Directed Performance
 - b. Group Work
4. Methods For Facilitation Reinforcement
 - a. Post-Performance Critique
 - b. Review
 - c. Summary

(continued)

- d. Questions and Answers
- e. Drill
- 5. Media For Facilitating Learning
 - a. Audiovisuals Motion
 - 1. Motion Pictures
 - 2. Television
 - 3. Video Tapes
 - b. Visual Projected
 - 1. Transparencies For Overhead Projection
 - 2. Filmstrip and Slides
 - 3. Opaque Projections
- 6. Sound Recordings
 - a. Tape Recordings
 - b. Records (albums)
- 7. Visuals Non-projected
 - a. Chalkboard
 - b. Flannel Board
 - c. Charts
 - d. Drawings
 - e. Graphs
 - f. Diagrams
 - g. Posters
 - h. Written Materials

Figure 5. Methods for facilitating learning experiences.

The nurse educator must plan to use guidelines for planning methods and media such as (a) general guidelines, (b) assessment of facilities, (c) assessment of students, and (d) assessment for sex bias. In addition, the nurse educator must continue professional development through inservice, workshops, seminars, conferences, and professional organizations for continuous update as well as reviewing the literature and conducting research on various teaching strategies.

Research Role

The trend for the future seems to be that all nurses need specific or specialized training, including a basic research base for the masters prepared nurse. Thus, the masters prepared or doctoral prepared nurse educator must continually study research findings on current teaching methodologies utilized by peers to assist in designing ways to deliver nursing content. Following are several studies and/or reports which depict concerns and how various teaching methodologies have been used by nurse educators in nursing programs.

1. Individualized instruction. As reported by the National Center for Research in Vocational Education (1977) in one of their Performance Based Teacher Education Modules (C-18), there has been a renewed interest in recent years in the idea that each individual student is of prime importance. Some indicate that the curriculum provided should be adapted to meet each individuals need. In other words, each student's abilities, interest, and goals must be taken

into account to assist and prepare each student to meet the employment requirements of his/her chosen career or occupation by individualized instruction.

In addition, many have espoused that individuals differ in personal characteristics, abilities, social economic background, motivations, and personal learning styles and should not be assumed by educators that all students in any group are at the same point in their learning at the same time. Therefore, individualized instruction allows a student (a) to learn at a pace or rate comfortable and suited to his/her own learning style and appropriate abilities; and (b) to become more active, involved and responsible for own instruction.

The teacher (a) uses methods of instruction other than lecture and demonstrations, (b) provides performance stated objectives, (c) provides alternative and optional learning experiences, (d) provides strategies or methods to reach students as individuals, such as games, role-playing, simulations, case studies, brainstorming, laboratory work, peer instruction, independent study, community involvement, conferences or interviews, modules (learning activity packages), small and large group study, library research and reading, and programmed materials. Students are then evaluated in terms of their individual performance and not by comparison with others.

2. Curricular and instructional concerns of novice associate degree nursing faculty. Mohn (in press) reported that the National

League for Nursing (1977) requires a nursing faculty to possess at least a baccalaureate degree and preferably a master's degree in nursing, but has not required a minimum background in teaching theory. Thus, she found in her study that most faculty members employed in the community college setting have entered employment with minimum teaching skills to perform the nurse educator role. Another study by Edgil (1981) stated that nursing faculty need programs to renew or update their skills as educators but these programs have not been stressed. This may be explained by an underlying philosophical belief as expressed by Kelley (1981), "In many professions such as law, theology, and medicine, teachers appear to be able to teach without formal teaching in the process (p. 11)." However, Mohn reported that nursing faculty should be required to be proficient in nursing and education. Stevens (1981) also revealed that without formal preparation in the discipline of education the nurse would not be as adept at mastering the discipline. Thus, as Mohn found, nurse educators had 30 curricular and instructional concerns which included (a) selecting teaching techniques, (b) identification of students learning style, (c) development of one's teaching role in the clinical setting, (d) evaluating students in the classroom and clinical, (e) developing written examination questions, and (f) a discussion of nursing department's philosophy of nursing and teaching.

3. Teaching functions. Rosenshine and Stevens (1986) found that when effective teachers teach well structured topics they:

1. Begin a lesson with a short review of previous pre-requisite learning.
2. Begin a lesson with a short statement of goals.
3. Present new material in small steps, with student practice after each step.
4. Give clear and detailed instructions and explanations.
5. Provide a high level of active practice for all students.
6. Ask a large number of questions, check for student understanding and obtain responses from all students.
7. Guide students during initial practice.
8. Provide systematic feedback and corrections.
9. Provide explicit instructions and practice for seatwork exercise, and where necessary, monitor students during seatwork (p. 377).

4. Case studies: An alternative learning/teaching method in nursing. Johnson and Purvis (1987) found that the case study teaching method can be reviewed as a written simulation and, thus, be considered when searching for alternative strategies to teach clinical aspects of nursing because it is a representation of the reality of nursing; a means of bringing clinically related experiences into the classroom. Typically the case study describes a patient situation which provides students with information about the patients physical, psychological and social background. Then students are expected to apply the nursing process to develop a plan of care. Case analysis assists students to sharpen assessment

skills and learn to distinguish and prioritize pertinent information in order to make decisions about nursing care.

5. Summer specialty camps: An overlooked site for student nurses' clinical placement. Nash (1987) recommended using specialty camps for pediatric clinical rotations as a method of instruction, rather than in the hospital within a very controlled environment. The author explained that in her study, the summer clinical course was offered for undergraduate students at a camp for children with cancer and muscular dystrophy to help understand the impact of chronic illness or the child/family constellation. The students worked as counselors and not as student nurses so they were exposed to a wide range of experiences to compare and contrast. The faculty member usually worked as one of the camp nurses, so time was flexible and allowed interaction time with students for feedback and all praised the experience.

6. Campus day care centers: A unique opportunity for learning. Holladay and Glass (1987) recommended the affiliation of day care centers on the college campus with the school of nursing as a method of instruction. They reported it provided a firm experiential base to child development theory and practice and seemed as an ideal for observational study and preliminary research projects because of the assurance of quality control both for the nursing student, the children, families, and child care staff. Through coursework at campus child care centers, students learn first hand their responsibility to the parents and have an arena

for open interchange and enrichment between educators and nursing professionals.

7. Computer-Managed instruction: An alternative strategy.

Computer-managed instruction (CMI) can be utilized as an instructional strategy whereby the computer is used to provide learning objectives, learning resources, and assessment of learner performance. In addition, it can aid the instructor in instructional management without actually doing the teaching as reported by Day and Payne (1987). They compared the outcomes of two teaching strategies: CMI versus the traditional lecture method. The objectives were based on specified theoretical content from a Health Assessment course for baccalaureate nursing students. No significant differences were found on cognitive performance as measured by written and practical examination scores. However, for these freshmen students, CMI did not prove to be a positive instructional method as assessed by the attitude questionnaire. No difference was found in time spent; however, students preferred traditional lecture with teacher direction.

Gaston (1988) also investigated computer-assisted instruction (CAI) and lecture upon knowledge, retention and attitudes of baccalaureate nursing students. The results revealed there were no significant differences in knowledge, retention, or attitudes in a two group post-measure design. Attitudes toward CAI were also positive.

In another study, conducted by Mahr and Kadner (1984) computer-aided instruction was recommended for both decision making and simulations in nursing programs. In addition, they indicated that nurse educators need to become computer illiterate, to possess a basic understanding of how a computer works, and to be aware of the limits of its instructional potential.

8. Use of learning modules to teach nursing leadership concepts. Spickerman, Lee, and Eason (1988) found that the use of learning modules as a teaching strategy for reinforcing theoretical concepts of leadership and management has eliminated an often frustrating situation for the nurse educator. They reported that frequently situations do not occur during the students clinical experience which demonstrate appropriate leadership and management concepts. Thus, development of teacher design modules for use in the Nursing Leadership course which contain objectives, pre-assignment, learner activities, and evaluation strategies ensure that all students will have opportunities to apply concepts taught in the course.

Olson and Iwasiw (1987) also supported the use of learning modules. They investigated the effects of a training module on the active listening skills of non-degree registered nurses in a six-hour training session. The pre and post training measures revealed a significant increase in active listening skills.

9. Curriculum redesign to improve psychosocial assessment skills of first semester baccalaureate nursing students. Keller

(1987) found that when a teaching method was changed from lecture and role playing, to using students in clinical area with actual patients, the students were observed as (a) successfully using communication and interpersonal skills when taking histories, (b) having increased ability to communicate and higher quality of psychosocial assessment skills, (c) having increased use of nursing process and (d) having more expertise in developing care plans. Hospital staff and patients were also reported to be very positive.

In another study on teaching communications skills, Norris (1986) found no difference in overall mean performance on objective tests by nursing students while using lecture and role playing. However, the mean scores for male students were higher on role playing than on lecture and higher on lecture for female students which depicts a different learning style. The field independent (associated with analytical approach, systematic planning and goal setting) group also had higher mean scores on both objective tests given at time intervals than did the field dependent (associated with global response, social sensitivity and involvement with people) group.

10. Teaching methodologies: Knowledge acquisition retention.

Roberts and Thurston (1984) investigated whether a lecture which stimulated several senses would significantly increase knowledge and retention compared to lectures that stimulated only the auditory sense. They found that nursing students attending the multi-model lecture demonstrated a significantly higher retention

test score, although they did not demonstrate a significantly higher gain score in pre-post measures.

11. Utilizing a gerontological nursing clinician as a consultant to teach nursing care of aging people. Eigsti and De Rosa (1984) reported on how one school of nursing dealt with teaching gerontological nursing due to a lack of faculty with a clinical specialty in that area. The school hired a gerontological nurse clinician (GNC) as a consultant to five other faculty members who supervised the provision of care of aging people. Didactic presentation on aging was limited to six hours during a semester so students could focus on the normal physical, mental, emotional and developmental changes of the elderly. Lectures, films, and readings reinforced the material with four weeks spent in a skilled nursing facility. Agency, faculty, and student reactions were overwhelmingly positive about the way the experience was conducted.

12. Preparing students for peer collaboration: A clinical teaching model. Gerace and Sibilano (1984) conducted a study utilizing peer collaboration because they were concerned about the lack of collegiality perceived within the nursing profession. The authors designed a collaborative teaching model consisting of two instructors philosophically agreeing on collaborative relationships. Junior and senior nursing students were used for collaborative experiences at different learning stages. With instructor guidance each two students designed their own structure and methods for the collaborative learning experience. Resistance

occurred with both clinical groups (junior medical/surgical and seniors psychiatric) with concern with competency. Junior students expressed feelings of intimidation by idea of seeking help and seniors felt unsure of their role. Both groups felt inadequate. Therefore, the results revealed that by restructuring clinical teaching in specific method to promote peer interdependence, students become socialized to seek expertise and support from their own professional colleagues.

13. Retention of basic cardiac life support content: The effect of two teaching methods. In a study to determine if the method of instruction affected retention of basic cardiac life support (BCLS) knowledge and skill, Freisen and Stotts (1984) utilized a lecture - demonstration - return demonstration method and a self-paced method. Cognitive knowledge was retained at a mastery level by both groups at 8 weeks and there was no difference in retention of performance skills based on teaching methods. However, neither group was able to demonstrate retention of performance skills at a mastery level. It was also noted that the self-paced subjects spent less time in BCLS learning activities and the self-paced instructional package was more costly on a one-time basis.

In another study, to evaluate the stress-eliciting capacity of two variations of a simulated cardiac simulation arrest (a simulation containing interpersonal stressors subjects were instructed by videotape to perform tasks similar to those

undertaken by intensive care nurses in context of a cardiac arrest situation). The experiment was conducted in an intensive care unit using a manikin. Pre-post measurements included pulse rate, blood pressure, task performance on cardiopulmonary resuscitation (CPR) and a medication memory activity. Since no significant differences were found between the two groups, the data was analyzed together. Significant increases in pulse rate, systolic blood pressure and self-reported anxiety were revealed. No significant difference in diastolic blood pressure was noted. CPR performance ratings and the medication memory tasks were well below expected performance standards. Fourteen of 27 subjects performed less than 50% of CPR tasks; 18 subjects performed less than 66% of skills adequately. On medication memory, with a range of scores 0-7, the actual range was 2-6 and median score was 3. None of the subjects successfully recalled all three medications and their dosage (Mandirino, Ganong, Yonkman & Royal, 1986).

14. Value analysis: A method for teaching nursing ethics and promoting the moral development of students. In an effort to study the value analysis teaching strategy to teach content related to nursing ethics, Frisch (1987) conducted the experiment with junior-level baccalaureate nursing students. Two groups, a control and an experimental, were used. Pre - post measures on the Defining Issues Test (DIT) showed significant differences in gain between control and experimental subjects. A strong association between the DIT score gains and self report of peer discussion of ethical

insures was noted. The major implication was that instructional intervention produced measurable change in some students' level of moral judgement.

15. Playing for proficiency: A new approach to motivation and psychomotor learning. Due to (a) recent nursing literature reflecting a returning emphasis among professional educators upon graduating students competent in basic nursing skills, (b) hospital occupancy being down, and clinical areas and experience for nursing education not available, and (c) the need for new means to effectively teach nursing skills, Duprey and Patten (1987) conducted a study utilizing a new approach to motivation and psychomotor learning. They developed a set of portable skill laboratories, with all equipment for each skill collected and placed into a labeled plastic bag, called a kit (two bags for each listed skill). Kits were scheduled for use in instructors own clinical groups. Thus, allowed instructors to demonstrate and students to practice skills with supervision in a variety of locations.

A game, "Nursing Skills Relay Race" was also held for students to compete by teams such as "The Sterile Techniques", "Old Foleys", and "Electrolytes". Skills were drawn and performed by each student. Evaluation revealed satisfaction by both faculty and students in promoting student's skill competency and comfort.

16. A taxonomy of games and simulations for nursing educators. In an effort (a) to locate games and simulations

available for nursing education, (b) to categorize the games to make them accessible for the nurse educator and (c) to determine how nursing's use of instructional games might be enhanced, Duke (1986) conducted a study of the literature. Findings revealed 29 games and simulations described as three types of process games (a) clinical, 11 games; (b) pathophysiological, 8 games and (c) psychosocial, 10 games to guide nurse educators in locating games and simulations which may fit or be tailored to fit individual learning objectives. The author recommended including institutional standards for describing games and simulations, establishing a clearinghouse for information dissemination, and initiating research on the effectiveness of games and simulations as instructional strategies.

Included in the games were examples such as (a) "How sweet it isn't" for diabetes content; (b) "Vertigo" for neurological disorders; and (c) "Aging", for relating aging process.

Summary

The role of the nurse educator in managing and utilizing various teaching methodologies will be highly significant in the health delivery system during the years 2000-2100. This role will be very comprehensive. In addition, current trends in nursing education, as reported by the National League for Nursing (1979) recognize that the nurse educator should have advanced nursing knowledge and skills as well as the knowledge and skills related to the nurse educator role. This role is a pattern of actions which

is reflected in the nurse educator's position which encompasses obligation, power and responsibilities.

Today's trend in changing technology, legislation, ambulatory centers, family care centers, long-term health care, shifts in patient health care agencies, and required specialties in nursing will create more complexities which will have a tremendous impact on curricula. As Rogers reported, the purpose of professional education is to provide the knowledge and tools whereby a person can become an artist in a chosen occupation. Thus, the nurse educator must continue to be knowledgeable about what to teach and how to teach it. Change is inevitable for curricula in a world of developing technology and consumer demands.

The challenge confronting the nurse educator is launching a strategic plan for the delivery of nursing course content through utilizing various methodologies. In addition to dimensions of developing objectives and evaluations of students' performance, the roles of the nurse educator are concerned with leadership, goal setting, motivation, perception, communication, power and politics, learning styles, teaching methodologies, and research.

The leader role is among the most significant, however, to be effective, the nurse educator must determine his/her leadership style in order to influence, to become a strong manager, to plan and organize by setting goals, and being motivated. These patterns of motivation include achievement, affiliation, competence, and

power and can be accomplished through carefully perceived ideas and activities which meet both personal and others needs.

The nurse educator must also become a great communicator since others are reached by expressing ideas, facts, thoughts, feelings, and values. These must not be caught in what may be referred to as the bottleneck of communication. The nurse educator may have excellent plans, but may be worthless unless communicated. If students (receivers) are able to receive, interpret, approve, use information, and can provide feedback, then communication techniques are achieved by the nurse educator.

The future will also demand that the nurse educator have a stronger power base and become more politically involved. As an effective leader several types of power sources may be utilized such as (a) authority, (b) reward power, (c) coercive power, (d) expert power, and (e) referent power. Most important is knowing the appropriate type to use in specific situations and how to exercise it skillfully.

The nurse educator must also recognize that there are many learning styles just as there are teaching styles and each individual must be assessed through interview or questionnaire. Groups can then be profiled and appropriate learning strategies implemented. Preferred modes of learning have been revealed by Sproules in a six factor model (a) serious, analytical learner; (b) active, practical learner; (c) observation, centered learner;

(d) concrete, detail, fact-oriented learner; (e) passive, accepting learner; and (f) non-adaptive, struggling learner.

Various teaching methodologies must be utilized by nurse educators in the future rather than the traditional lecture then test, format. Research has revealed that teachers trained in specific instructional procedures resulted in students having higher achievement. Nurse educators should use strategies such as: (a) methods through which students learn information, (b) methods through which students learn by observation, (c) methods which facilitate learning by doing, (d) methods for facilitating reinforcement, (e) media for facilitating learning, (f) sound recording, and (g) visuals non-projected. Utilization of these techniques will assist different styles of learning.

The future trend also appears to dictate more specialized specific training for masters prepared nurses, including a basic research base. Thus, the nurse educator must continually review research studies on various teaching methodologies to assist in designing curriculum for the nursing programs. The literature has an abundance of research which has been completed on many concerns and strategies utilized in the delivery of comprehensive nursing content such as (a) individualized instruction; (b) concerns of nursing faculty; (c) teaching functions; (d) case studies; (e) summer specialty camps; (f) campus day care centers; (g) computer-managed instruction; (h) computer-assisted and lecture upon knowledge retention and attitudes; (i) computer-aided

instruction for decision making and simulation; (j) learning modules to teach nursing leadership concepts; (k) learning modules and listening skills; (l) lecture and role playing with students versus clinical area and patients to increase communication skills; (m) lecture and role playing by males and females on objective test in communication; knowledge and retention investigated by lectures to stimulate several senses versus lectures that stimulate auditory; (n) gerontological clinician as consultant of aging people; (o) peer collaboration and concerns; (p) lecture demonstration return versus self-paced instruction on cardiac life support; (q) interpersonal stressors versus environmental stressors in cardiac simulation arrest in intensive care unit; (r) playing for proficiency in psychomotor learning; and (s) games and simulations.

The strategic plan or road map for the nurse educator will not be easy without utilizing various clinical sites outside the hospital. Traditionally, most clinical experiences have transpired in the hospital, however, with declining patient care loads, these experiences will be limited. Other strategies of teaching must be incorporated which will provide meaningful and successful learning experiences.

The nurse educator may use components of Newman's Health Systems Model: A Total Approach to Patients' Problems to maximize purposeful interventions toward strengthening adaptive mechanisms for achieving results in utilizing various teaching methodologies.

Thus, with the foregoing strategies available, with others to be conducted through research, and with appropriate training in specific procedures, the nurse educator of the year 2000-2100 has quite a tremendous challenge to incorporate the methodologies into the appropriate course content at the appropriate time utilizing the appropriate skills. Bon voyage!

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Curriculum Design: Nurse Educator's Role in Managing and Utilizing
Various Teaching Methodologies

- I. Trends in Nursing Education
 - A. Knowledge and Skills Related to Nurse Educator Role
 - B. Advanced Nursing Knowledge and Skills
- II. Definitions
 - A. Role
 - B. Curriculum
- III. Curriculum Triangle
 - A. Nature and Needs of Society
 - B. Nature of Body of Knowledge
 - C. Balance in Planning Curriculum Design
- IV. Significance of Nurse Educator Role in Curriculum
 - A. Factors Affecting Curriculum
 - B. Purpose of Professional Education
 - C. Factors Affecting Curriculum
- V. Strategic Plan/Roles of Nurse Educator
 - A. Leadership Role
 - B. Goal Setting Role
 - C. Motivational Role
 - D. Perception Role

- E. Communication Role
- F. Power and Political Role
- G. Learning Styles Role
- H. Teaching Methodology Role
- I. Research Role

VI. Leadership Role

- A. Significance
- B. Personal Traits
- C. Leadership Styles
 - 1. Autocratic
 - 2. Democratic
 - 3. Free-Rein
- D. Categories
 - 1. Consideration
 - 2. Structure

VII. Goal Setting

- A. Establishment of Targets and Objectives
- B. Measurements of Performance Standards
- C. Leadership Process in Goal Setting

VIII. Motivational Role

A. Strong Motivational Patterns

B. Motivational Patterns

1. Achievement
2. Affiliation
3. Competence
4. Power

IX. Perception Role

A. Perception of Responsibilities

B. Personal Values

C. People Needs

X. Communication Role

A. Purpose

B. Communication Theory

C. Bottleneck of Communication

D. Rules of Communication

XI. Power and Political Role

A. Proficient Managerial Power

B. Five Types of Power

1. Authority
2. Reward Power
3. Coercive Power

- 4. Expert Power
- 5. Referent Power
- C. Effectiveness of Appropriate Type of Power

XII. Assessment of Learning Style Role

- A. Learning Style and Learning Strategies
- B. Methods of Assessing Styles
 - 1. Questionnaire
 - 2. Interview
- C. Questioning Self About Learning Style
- D. Concept of Learning Style
 - 1. Recency
 - 2. Approaches
- E. Preferred Modes of Learning
 - 1. Determination of Style
 - 2. Profile of Style
 - 3. Six Factor Model
 - a. Serious, Analytical Learner
 - b. Active, Practical Learner
 - c. Observation, Centered Learner
 - d. Concrete, Detail, Fast-Oriented Learner
 - e. Passive, Accepting Learner
 - f. Non-Adaptive, Struggling Learner

XIII. Sample Research

A. Purpose

1. Attitudes Toward 28 Learning Styles

B. Results

1. Both Group Preferences

- a. Lecture with Visual
- b. Live Demonstrations
- c. Course Textbook
- d. Required Readings
- e. Course Syllabus
- f. Films
- g. Case Studies

2. Senior Group Preferences

- a. Clinical Practicum Experience

3. Summary

- a. Positive Beginning Students
- b. Strategies Not Preferred
- c. Strategies Seldom Preferred

XIV. Teaching Methodologies

A. Method Through Which Students Learn Information

1. Lecture
2. Discussion
3. Audiovisual Programs

4. Guest Speakers
5. Programmed Instructional Materials of Directed Study Assignments
- B. Methods Through Which Students Learn by Observation
 1. Live Demonstrations
 2. Audiovisual Demonstrations
 3. Field Trips
 4. Displays
 5. Illustrations
- C. Methods Which Facilitate Learning by Doing
 1. Directed Performance
 2. Group Work
- D. Methods for Facilitating Reinforcement
 1. Post-Performance Critique
 2. Review
 3. Summary
 4. Questions and Answers
 5. Drill
- E. Media for Facilitating Learning
 1. Audiovisuals Motion
 - a. Motion Pictures
 - b. Television
 - c. Video Tapes

2. Visual Projected
 - a. Transparencies for Overhead Projection
 - b. Filmstrips and Slides
 - c. Opaque Projections

F. Sound Recordings

1. Tape Recordings
2. Records (Albums)

G. Visuals Non-Projected

1. Chalkboard
2. Flannel Board
3. Charts
4. Drawings
5. Graphs
6. Diagrams
7. Posters
8. Written Materials

XV. Research Role

A. Trend for Future

1. Specialized Training

B. Example Research Findings on Teaching Methodologies

1. Individualized Instruction
2. Concerns of Associate Degree Nursing Faculty
3. Teaching Function - Structured Topics

4. Case Studies
5. Summer Specialty Camps: Pediatrics
6. Campus Day Care Centers
7. Computer-Managed Instruction
 - a. Computer Versus Lecture
 - b. Computer Aided
8. Learning Modules
 - a. Leadership Concepts
 - b. Listening Skills
9. Curriculum Redesign
 - a. Lecture/Role Playing Versus Clinical and Patients
 - b. Communication Skills
10. Teaching Methodologies: Knowledge Acquisition and Retention
11. Gerontological Clinician as Consultant
12. Peer Collaboration
13. Cardiac Life Support
 - a. Effect of Two Teaching Methods
 1. Lecture Demonstration Return
 2. Self-Paced

b. Evaluation of Simulated Cardiac Arrest

Variables

1. Interpersonal Stressors

2. Environmental Stressors

14. Value Analysis: Nursing Ethics

15. Playing for Proficiency: Psychomotor Learning

16. Taxonomy of Games and Simulation

XVI. Summary

XVII. References